



MAINE PRIME CARE UPDATE

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D.M.E. PRIOR AUTHORIZATION

The Prior Authorization Unit has identified some issues that have slowed down the process for providing Durable Medical Equipment services to Medicaid clients.

Physicians, Medicaid Providers and the Prior Authorization Unit must work closely together to see that medically necessary services and equipment are delivered in a timely and cost-effective manner and meet the definitions of Durable Medical Equipment and the Policy and Procedure Requirements, as set forth in the Maine Medical Assistance Manual.

The definition criteria for Durable Medical Equipment are:

- Equipment which can withstand repeated use;
- Primarily and customarily used to serve a medical purpose;
- Not generally useful to a person in the absence of illness or injury; and
- Appropriate for use in the home and is safe, in reasonably good condition and suitable for its intended use.

All four (4) of these criteria must be met for reimbursement.

FACCT SURVEY UPDATE

Beginning in February of 2000, Maine Medicaid began working in conjunction with the Foundation for Health Care Accountability (FACCT) to determine recipients perceptions of EPSDT visits for children under 4 years old. The survey data has been entered into a database and is currently being compared to the Bright Futures assessment forms providers have submitted to the Bureau.

While there is still a great deal of work to be completed, the Quality Management Unit would like to share some of the preliminary survey response data. The Foundation for Health Care Accountability has informed us that Maine Medicaid has received a higher response rate than any other states' commercial or Medicaid populations. Maine Medicaid received a 59.9% response rate.

Ninety-seven percent of the respondents stated that they had seen a health care provider within the last 12 months. The following information was based upon respondents with health care visits in a 12-month period:

91.7% stated providers answered their questions regarding their child's growth and development.

68.8% stated providers answered questions on what behaviors should be expected at ages 0-4 years old.

59.9% stated providers answer questions on helping your child grow and learn.

59.4% stated providers answered questions on preventing injuries.

54.7% stated providers answered questions on making the home safe.

50.7% stated providers answered questions on making the car safe.

68.4% stated providers did not have a child attempt to pick up objects, stack blocks or identify colors.

74.4% were not asked by providers if firearms were present in home.

General and demographic information from all respondents regardless of health care visits included:

50.9% of the respondents' children were male.

49.1% of the respondents' children were female.

17.4% of the respondents' children were from 1-9 months old.

23.1% of the respondents' children were from 10-18 months old.

58.5% of the respondents' children were from 19-50 month old.

1.0% of the respondents' children were older than 50 months.

48.8% of the respondents stated that there was a smoker in the home.

44.3% stated that the child in the survey was their first child.

32.4% of the respondents were never married.

33.3% stated that they made between \$10,000 and \$20,000 per year.

50% of the respondents graduated from high school or have a GED.

1.4% of the respondents had an 8th grade or less education.

12.4% had some high school education but failed to complete.

Should a provider receive questions from recipients or have questions regarding this survey, Maine Medicaid would like to encourage you or the recipient to call 1-877-289-0383.

BUREAU OF MEDICAL SERVICES ANNOUNCES NEW INITIATIVE AIMED AT REDUCING PRENATAL HIV TRANSMISSION IN MAINE



The Bureau of Medical Services will soon be issuing "Guidelines for Universal HIV Counseling and Voluntary Testing", adapted from U. S. Public Health Service recommendations, to providers throughout Maine.

Prenatal transmission of HIV can be reduced by 67% when a drug regimen is given to pregnant women and their newborns. This important information has led to the creation of a new standard of care for the treatment of pregnant women. Although Maine is a low-incidence state, providing counseling HIV testing to all pregnant women offers the best chance to identify HIV early and improve the health of the mother while preventing prenatal transmission to the newborn.

These guidelines will help providers incorporate information about the virus and the importance of early diagnosis into their work with patients. Offering HIV testing to all pregnant women, even those whose health care providers do not perceive to be at risk, is an important part of the guidelines.

In addition to the Guidelines, following are key messages that can be used in counseling pregnant women about HIV testing:

1. HIV testing is now recommended as routine for all pregnant women.
2. Most women in Maine who get tested will be negative.
3. The HIV test is easy, reliable and can be done along with your other prenatal blood tests.
4. All results of HIV tests are kept strictly confidential.
5. If a woman is pregnant and HIV positive, treatment is available that can greatly reduce the chances of HIV transmission to her baby while helping to maintain her overall health.
6. Along with being tested, women and their partners can learn about ways to protect themselves from HIV and other sexually transmitted diseases.
7. Resources are available in Maine to help HIV-positive women meet their medical, legal and social needs.

Patients, especially pregnant women, should be informed that HCFA's HIV/AIDS Treatment Information Service toll-free number is 800-448-0440.

ADULT IMMUNIZATION UPDATE

News of our ongoing efforts in the distribution of Influenza and Pneumonia vaccine



The Bureau of Medical Services has entered into an agreement with the Bureau of Health to supply Pneumonia and Influenza vaccine to all patients regardless of payment source or provider type. BMS evaluated the cost of supplying the vaccine versus paying for the illness associated with the disease process and it was found to be cost-neutral.

The Bureau of Health requests that all providers notify them prior to March of 2001 of the amount of vaccine each will need to cover the upcoming season. The BOH has a large amount of Pneumonia vaccine on hand. Pneumonia has no seasonal limitations and the CDC recommends vaccines be given at any time during the course of a year.

Pneumonia and Influenza vaccines are available to physicians' offices, health clinics, nursing facilities, residential care facilities, and home health agencies through the Bureau of Health Immunization Program. Please call Linda Huff at 800-467-4775 with your orders.

When administering vaccines you must supply the Bureau of Health with a list of individuals immunized with their date of birth, age, sex, Medicaid ID number, and social security number.

The Centers for Disease Control recommend that if a person is unsure of their Pneumonia immunization status, providers should administer the vaccine.

Nursing Facilities are required by Medicaid Rule to report all Pneumonia and Influenza vaccine statuses to the Quality Management Unit. Patient rosters will be mailed to facilities with a listing of patients immunization status (if known), in September. All licensed nursing facilities will be required to have this form completed and returned to the Quality Management Unit by January 1, 2001.

The Bureau of Health has booklets and posters available to all providers free of charge. Order forms for these materials have been included in this mailing packet.

The Quality Management unit would like to commend the nursing facilities who submitted patient immunization information. Through the last year, Maine nursing facilities have improved the immunization rates. The immunization status of 5710 residents' from 110 facilities has been entered into a database. To date, the overall average of Influenza immunization is 83% with a pneumonia immunization rate of 69%. These rates reflect an increase of 41% in Pneumonia immunizations and a 1.4% increase in Influenza immunization rates over the last year.

The Maine Office of Data, Research and Vital Statistics determined that in 1998, deaths due to Pneumonia totaled 418, and deaths due to Influenza totaled 49. During the Spring of 2000, one nursing facility experienced an outbreak of pneumonia. One patient who was unimmunized died. Two residents who had had the pneumonia immunization within a ten-year period experienced symptoms and survived. The Quality Management Unit hopes this situation helps to dramatize the importance of these immunizations. With your help, we should be able to diminish the loss of life due to preventable illnesses.

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MAINE HEALTH RESEARCH INSTITUTE TEAMS UP WITH BRIGHT FUTURES

The Maine Health Research Institute (MHRI) has recently become involved in analyzing the Maine Bright Futures Program. MHRI is a consortium of the University of Maine at Farmington (UMF) and Franklin Community Health. Bright Futures was begun nationally in 1990 to establish guidelines for the treatment of children, taking advantage of the extensive input of practitioners. BMS adopted the guidelines and related forms in August of 1998 as part of the Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) program. BMS and MHRI are continuing the tradition of gathering input from practitioners to improve the effectiveness of the Bright Futures Program in Maine.

There is extensive teamwork involved in making the Bright Futures Forms filled out by providers as useful as possible to the children, families and practitioners of today and tomorrow. The forms are reviewed by BMS nurses to facilitate recommended care. The Bureau of Health does case management for children and families who need further attention.

HealthWorks provides a contact for people who aren't yet in the system and are another contact point for getting questions answered. Both the Bureau of Health and HealthWorks data-enter the forms into the IMMPACT online computer system.

In order to increase the timeliness of the data and reduce the data entry required by HealthWorks and the Bureau of Health, providers are

encouraged to fill out the Bright Futures forms online directly into the IMMPACT system. A rapid retrieval system is currently being developed by MHRI so that these electronically submitted forms can go through the same review process as the paper forms.

MHRI is also analyzing data from the Bright Futures forms for BMS. MHRI is looking at Bright Futures form data to discover patterns in care and to participate in getting useful information back to providers. As part of this effort, MHRI has taken responsibility for the portion of the Primary Care Physician Incentive Program (PCPIP) report that deals with the Bright Futures forms. One of the things MHRI is gleaning from all the data we've gathered is which of the BF19 forms (and which sections of these forms) are being completed most often. This will give BMS an idea of what portions of the forms providers feel are most useful. BMS then has the option of eliminating less useful questions from the forms and can conversely point out important questions that tend to be overlooked. This will also help determine which elements become mandatory and which elective. In looking at what questions are important, BMS is assisted by a survey of EPSDT participants done by FACCT which indicates the recipient's satisfaction with specific areas of their Bright Futures visits. This data offers a patient's perspective of what portions of the Bright Futures Program are important, as well as what was well-covered during vis-

its. As part of this survey, MHRI has provided the Bright Futures forms for those survey participants with Bright Futures visits, so that what actually was discussed at these visits can be compared to patient satisfaction. All of this data will be looked at by BMS in order to make the forms more efficient and pertinent, as well as to encourage better completion, where appropriate. We will be actively seeking recommendations for adaptations to these BF19 forms.

MHRI is in the process of finalizing the data, but has some preliminary results. Overall, the provider submission and completion rates are very good to about age 5. The number of forms submitted declines slowly after this age and through the teenage years. The forms also have lower completion rates as the children get older. The examination and developmental milestones sections have some of the higher completion rates with the screening section generally having the lowest completion rates. Remember, you are able to obscure confidential areas if there are any concerns.

The goals are to provide physician level profiling on completeness and content of BF19 forms, set specialty norms, and provide the continued improvement of forms.

We would be interested in any comments you may have regarding Bright Futures forms. If there is data that you would like to see made available in the future or comments about the BF19 forms themselves, give us a call at 287-1784.

BRIGHT FUTURES BF19 COMPLETION RATES

Average Completion Rate (Percentage) of BF19 by Section

SEGMENT MEASURED	History	Physical Exam	Immunizations Given	Developmental Milestones	Screening	Anticipatory Guidance
OVERALL						
Average Completion Rate	72%	80%	37%	83%	12%	60%
AGE GROUP						
Birth through 1 Year	71%	84%	35%	92%	11%	61%
15 Months through 5 Years	76%	81%	35%	90%	13%	60%
6 Years through 14 Years	67%	72%	49%	57%	13%	58%
15 Years through 20 Years	58%	68%	31%	50%	10%	57%
PROVIDER SPECIALTY						
Pediatrician	71%	82%	36%	85%	11%	65%
Family Practitioner	73%	79%	38%	81%	13%	51%
Nurse Practitioner	78%	83%	42%	85%	14%	63%
Physician Assistant	71%	81%	38%	79%	10%	55%
Other	74%	77%	37%	81%	13%	59%
CATEGORY OF SERVICE						
Certified Rural Health Clinic	72%	80%	38%	84%	12%	56%
Federally Qualified Health Center	72%	81%	38%	80%	12%	58%
Physician	72%	81%	37%	84%	12%	61%
Gen Outpatient (residencies, clinics)	68%	68%	27%	76%	15%	73%
Other	72%	81%	49%	77%	13%	58%
REIMBURSEMENT TYPE						
Fee For Service	72%	80%	38%	83%	12%	60%
Maine PrimeCare	72%	83%	36%	86%	11%	61%
Aetna/NYLCare	74%	79%	40%	81%	14%	59%
GEOGRAPHIC AREA (County)						
Androscoggin	58%	74%	30%	76%	7%	47%
Aroostook	76%	87%	37%	85%	11%	64%
Cumberland	74%	80%	40%	84%	13%	61%
Franklin	64%	85%	32%	86%	6%	78%
Hancock	73%	74%	34%	81%	11%	69%
Kennebec	69%	82%	35%	88%	11%	69%
Knox	83%	81%	50%	91%	17%	64%
Lincoln	70%	79%	33%	82%	11%	56%
Oxford	71%	86%	38%	85%	11%	50%
Penobscot	73%	76%	32%	79%	10%	50%
Piscataquis	66%	79%	36%	77%	10%	54%
Sagadahoc	71%	79%	35%	78%	15%	39%
Somerset	76%	81%	38%	88%	18%	38%
Waldo	72%	81%	36%	86%	7%	60%
Washington	72%	84%	34%	87%	15%	54%
York	77%	85%	45%	86%	14%	79%

PRIMECARE EXPANSION CONTINUES

The Bureau of Medical Services is pleased to announce that Maine PrimeCare (Medicaid's primary care case management program) continues to expand Statewide with all counties to be active by December 31, 2000. Medicaid recipients eligible to enroll in the mandatory program are recipients who do not have private comprehensive health insurance and who receive Temporary Aid for Needy Families (TANF), TANF related benefits, foster care children who also receive TANF benefits, and Cub Care recipients.

As of the date of this letter, Maine PrimeCare is active in the following counties: Androscoggin, Aroostook, Cumberland, Hancock, Kennebec, Penobscot, Piscataquis, Somerset, Washington, and York.

The program expansion schedule includes: Oxford, Franklin, Waldo, Knox, Lincoln and Sagadahoc counties respectively over the next six months. Prior to going into a county, the program recruits primary care providers to participate in Maine PrimeCare and also notifies eligible recipients of the program requirements.

The Maine PrimeCare Program offers recipients a choice of primary care providers/sites (PCP/S) who offer primary care services and manage the health care needs of their patients. Services provided to the recipient enrolled in Maine PrimeCare are Fee For Service reimbursable and the PCP/S receives a monthly Management Fee for each recipient on their patient panel. PCP/S participation requires the provider to sign a rider to their existing Maine Medicaid Agreement and to agree to a 24 hour/7 days a week after hour care for their patients. Our experience to date has shown that

Maine PrimeCare PCP/S fare better in the Primary Care Physician Incentive Program.

If you are interested in becoming a PCP/S with Maine PrimeCare, please call HealthWorks at (800) 977-6740. Please note: Providers who offer specialty services and are enrolled in the Medicaid Program (ie., Cardiologist, DME, etc.) do not need to enroll separately in the Maine PrimeCare Program.

There are some important changes to the Maine PrimeCare program that have occurred since our last Maine PrimeCare update:

- Enrollment of recipients into Maine PrimeCare has changed from daily eligibility to the 1st and 15th of the month. Many providers have told us that daily eligibility into the program has been difficult to track. This change was put in place based on your input. Providers must continue to verify the recipient's eligibility at each appointment or date of service. You can receive the most up to date information by calling the Medicaid Voice Response line at (800) 452-4694 to verify eligibility. This will help to get your claims paid the first time of submission and hopefully eliminate denied claims. Currently, the Medicaid recipient enrolled in Maine PrimeCare receives a monthly paper enrollment card that shows Maine PrimeCare and their PCP/S name with telephone number. The Maine Medicaid Program is considering a plastic Swipe Card for the year 2001. More information will be sent to Medicaid providers as our discussion progresses on this important change.

- Hospital Emergency Department services no longer need authorization by the recipient's PCP/S due to a directive by the Federal Health Care Financing Administration (HCFA). Therefore, we are immediately bringing our PCCM program into compliance with this ruling retroactive to date of service April 18, 2000. Hospitals who have billed Medicaid

for Maine PrimeCare emergency department services for dates of service April 18, 2000 and beyond, and have received a Medicaid claim denial for emergency services rendered, should resubmit a UB92 to the Medicaid program for processing. Please note that the policy for the one year limit for submission of claims still applies.

- Lastly, voluntary enrollment in the Aetna US HealthCare FamilyCare plan will resume in August in four counties, Lincoln, Knox, Waldo, and Sagadahoc.

Recipient enrollment into the FamilyCare plan is voluntary if they reside in one of the above counties. Initial enrollment in the FamilyCare Plan is managed by HealthWorks. After the recipient is enrolled, Aetna's Member Services assists the recipient during their enrollment in their plan. You may reach Aetna Member Services at 888-798-6075.

Voluntary enrollment packets will be sent on a daily basis, but enrollment for those who choose to join will be effective the 1st and 15th of the month. When Maine PrimeCare enters a county with mandatory enrollment, Aetna will no longer be a choice. Patients who have chosen to join Aetna will be allowed to stay in the Aetna plan or switch to Maine PrimeCare. Newly eligible patients will be enrolled only in Maine PrimeCare once the mandatory program begins in each of the counties listed above.

Maine PrimeCare Expansion

(by county, estimated as of 8/2000)

COUNTY	APPROXIMATE DATE
Hancock	Early August 2000
Oxford	Late August 2000
Franklin	Late September 2000
Waldo	Mid October 2000
Knox	Early November 2000
Lincoln	Late November 2000
Sagadahoc	Early December 2000

Below is a listing of Medicaid managed services that require the PCP/S authorization via a referral and also a listing of non-managed services that the recipient can receive on their own that do not require the PCP/S to authorization.

SERVICES THAT ARE MANAGED BY MAINE PRIMECARE PCP/S:

Recipients must call their PCP/S first for the following managed services:

- Physician Services
- Hospital (inpatient and outpatient)
- Ambulatory Surgical Services
- Ambulatory Care Clinic Services
- Rural Health Clinic Services
- Federally Qualified Health Center Services
- Developmental and Behavioral Evaluation Services
- Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT) and EPSDT Optional Treatment Services
- Medical Supplies and Equipment
- Lab and X-Ray Services
- Home Health Services
- Care from a Specialist
- Physical Therapy, Speech Therapy, Occupational Therapy, Audiology, and Hearing Services
- Eye Care (annual exam may be self-referred)
- Chiropractic Care
- Certified Family and Pediatric Nurse Practitioner Services
- Podiatric Care

If you have any questions about Medicaid policy or billing, please call your Provider Relations Representative at (800) 321-5557. Thank you in advance for working with us to make the Maine PrimeCare Program a success and for your commitment in providing quality care for Maine's Medicaid recipients.

THE CASE MIX CLASSIFICATION REVIEW UNIT

The Case Mix/Classification Review Unit is responsible for the ongoing monitoring of the combined Medicaid/Medicare reimbursement and Quality Assurance System throughout the state of Maine. The Case Mix Unit utilizes a HCFA mandated, standardized, universal assessment tool (Minimum Data Set 2.0 - 8/2000 version) for all long-term care Nursing Facility residents. The Case Mix Unit analyzes and audits specific

assessment data to manage the integrity of the Case Mix Classification System, which is the basis of payment for all Medicaid Nursing Facility residents.

The Case Mix Unit is also responsible for the ongoing development, implementation, education, and evaluation of a case mix system for Level II Cost Reimbursed Assisted Living Facilities. (The goal is for Case Mix payment to be implemented in January 2001.)

Registered Nurses visit Nursing Facilities and Level II Assisted Living Facilities to determine the accuracy of the assessment data.

SERVICES THAT ARE NOT MANAGED BY MAINE PRIMECARE PCP/S:

Recipients do not have to receive authorization from their PCP/S for these services:

(These services will remain under regular Medicaid.)

- Ambulance Services
- Annual Eye exam
- Community Support Services
- Consumer Directed Attendant Services
- Dental Services
- Day Habilitation for Persons with Mental Retardation
- Day Health Services
- Day Treatment Services
- Early Intervention Services
- Eyeglasses
- Emergency Room Services
- Family Planning Services, includes yearly family planning exam, birth control, screening and treatment for STDs, and pregnancy tests
- Mental Health and Substance Abuse
- Nurse Midwife Services
- Nursing Facility Services
- Prescriptions
- Private Duty Nursing and Personal Care Services
- Private Non Medical Institution Services
- Psychological Services
- School Based Health Clinic & Rehabilitative Services
- Targeted Case Management Services
- Transportation Services
- All Medicaid Waiver Services

The Classification Unit serves as the technical Help Desk for all the Nursing Facilities and Home Health Agencies. They are the direct line of communication for problem-solving and assistance for all facets of the data submission process.

The Classification Unit also oversees the contracting agency determining medical eligibility for children applying for the Katie Beckett program. The unit tracks medical eligibility for a number of different Medicaid programs: Elderly Waiver, Nursing Facility, ALPHA Waiver, PDN, PDN at Risk and Adults with Disabilities Waiver.

MAINE LEAD SCREENING PROJECT NEWS

In Maine, children are at risk of lead poisoning. This is not due to large numbers of inner city poor, but primarily because of our old homes. Many of our houses and apartments were built prior to 1950, and certainly most were standing well before lead based paints were banned from sale in 1978. Today statewide, we can see the renewed pressure on this old housing stock from both poor and affluent families. This summer alone The Barbara Bush Children's Hospital Lead Program has helped practitioners from across the state deal with ten children with significant lead poisoning, five of whom have needed chelation. There is no biologic function for lead in any of us. Lead is a heavy metal that inhibits enzyme systems throughout the body, with the potential to cause permanent CNS damage, especially in the developing brains of young children.

Our group set up the Maine Lead Screening Project because we have sensed growing disconnects between the potential of exposure to lead for children in Maine, and the rate of screening.

Overwhelmingly, all care givers recognize the potential for lead poisoning and most state they routinely screen children between the first and second year of life. In contrast, though, recent State data indicates that by 24 months of age, just one

child in four has a lead level drawn and that for children covered by Medicaid the screening level drops to as low 8-10%.

With generous support from the Mattina R. Proctor Foundation, we have developed an office-based intervention that will allow us to discuss lead-screening issues directly with primary care providers in their offices. We want this to be a two-way process. From those of you who are successfully attaining high screening rates, we want to learn what office systems work best. For offices that have not had such effectiveness, we will offer tips to becoming better screeners; we will pass on what is working. There will be telephone follow-up to judge our effectiveness in conjunction with close monitoring of state screening rates over the next two years. Project members will be in contact with you over the coming months to arrange a meeting at your convenience.

We sincerely hope that your offices will welcome this project as a collaboration to improve the health of the children of Maine. For any further information about this project, or assistance with lead poisoning assessment and treatment, please contact Doctors Christopher Stenberg or Tory Rogers at (207) 871-4982. Or you may email the doctors at stenbc@mail.mmc.org or rogerv@mail.mmc.org.

BLOOD LEAD SCREENING RATES

Medicaid Lead Testing rates among FP/GPs and Pediatricians, 1/1/99-12/31/99.

Rank	Family Practice	Age One	% with 1+ Test*
1	Laurie C. Ludington	12	58.3%
2	Noah Nesin	24	50.0%
3	Merrill Farrand Jr.	12	50.0%
4	Christopher T Bartlett	16	46.7%
5	Daniel E. Fowler	11	45.5%
6	D. L. Jeannotte	15	40.0%
	J. M. Mendes	10	40.0%
	Wm E. Chernin	10	40.0%

Rank	Family Practice	Age Two	% with 1+ Test*
1	A. Dorney	13	46.2%
2	Gust S. Stringos	11	45.5%
3	Thomas Maycock	10	40.0%
4	Merrill Farrand Jr.	11	36.4%
	Robert R. Sholl	11	36.4%
	Rosalind Waldron	11	36.4%
7	Michael Lambke	12	33.3%
8	Raymond J. Tardiff	10	30.0%
9	Donald G. Brushett	22	27.3%
10	Kevin I. Davey	12	25.0%

Rank	Pediatrics	Age One	% with 1+ Test*
1	Maria Cuda	10	100.0%
2	C. E. Danielson	15	80.0%
3	Ann P. Simmons	24	79.2%
4	Maria S. J. Noval	17	76.5%
5	William T. Whitney	39	71.8%
6	Iris Silverstein	28	69.2%
7	Jeffery Stone	62	67.7%
8	Gautam S.S. Popli	33	66.7%
9	Lila H. Monahan	51	66.0%
10	Lori Eckerstorfer	29	65.5%

Rank	Pediatrics	Age Two	% with 1+ Test*
1	Iris Silverstein	18	66.7%
2	Ann P. Simmons	25	60.0%
3	Lila H. Monahan	45	57.8%
4	Kathleen Hickey	40	57.5%
5	John Hickey	54	53.7%
6	Michael P. Hoffman	48	52.1%
7	Gautam S.S. Popli	16	50.0%
8	Jeffery Stone	46	41.3%
9	Deborah L. Patten	10	40.0%
	Tim Hawkins	10	40.0%

In Accordance with Title VI of the Civil Rights Act of 1964 (42 USC § 1981, 2000d et. seq.) Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), the Age of Discrimination Act 1975, as amended (42 USC § 12131 et. seq.), and Title IX of the Education Amendments of 1972, (34 CFR Parts 100, 104, 106 and 110), the Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, disability or age in admission or access to or treatment or employment in its programs and activities. Ann Twombly, Civil Rights Compliance Coordinator, has been designated to coordinate our efforts to comply with the US Department of Health and Human Services regulations (45 CFR Parts 80, 84 and 91), the Department of Justice regulations (28 CFR Part 35), and the US Department of Education regulations (34 CFR Part 106), implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to Ann Twombly at 221 State Street, Augusta, Maine 04333, Telephone number: (207) 287-3488 (voice) or 800-332-1003 (TDD), or Assistance Secretary of the Office of Civil Rights of the applicable department (e.g. the Dept. of Education), Washington, D.C.